

P96000002426

RECEIVED

96 JAN -8 AM 11:36

LAZARUS CORPORATE INDUSTRIES, INC. DIVISION OF CORPORATION  
(Requestor's Name)

890 S.W. 87 AVENUE, SUITE 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6715

OFFICE USE ONLY

100001681401  
-01/08/96--01037--004  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ARKANS - YALE HEALTHCARE SYSTEM  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 9:30     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

789-509-671  
W96-551

Examiner's Initials CP

1/19/96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 8, 1998

LAZARUS CORPORATE INDUSTRIES, INC.  
800 SW 87 AVENUE #16  
MIAMI, FL 33174

SUBJECT: ARKANS-YALE HEALTHCARE SYSTEM INC.  
Ref. Number: W9600000551

RECEIVED  
55 JAN -9 PM 11:10  
DIVISION OF CORPORATION

We have received your document for ARKANS-YALE HEALTHCARE SYSTEM INC. and your check(s) totalling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 596A00000866

**ARTICLES OF INCORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -9 PM 2:46

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

ARKANS-YALE HEALTHCARE SYSTEM INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

230 Washington ave  
Homestead FL 33030

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (One hundred)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jean-Mario Pierre  
15751 SW 106 Ter #305  
Miami FL 33196

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JEAN-MARIO PIERRE  
~~477~~ 230 Washington ave  
Homestead FL 33030

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of January, 1996.

Jean Mario Pierre  
Signature

Signature

Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -9 PM 2:46

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Arkans-Yale Healthcare System, Inc.

2. The name and address of the registered agent and office is:

230 Washington ave  
(NAME)

Homestead Florida 33030  
(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Sean Ward Peew

DATE 1/5/96

P96000002426

AMERILAWYER<sup>®</sup>

(Requester's Name)  
343 ALMERIA AVENUE  
(Address)  
CORAL GABLES, FL 33134 - (305) 445-2700  
(City, State, Zip) (Phone #)

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA 32399  
\*\*\*\*\*1095.000 \*\*\*\*\*95.000

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Arkans-Yale Healthcare System, Inc. P96000002426  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

N. HENDRICKS MAR - 5 1997

Examiner's Initials

RECEIVED  
MAR - 4 PM 2:00

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

97 MAR -3 PM 12:33  
SECRET  
FALLON

**ARKANS-YALE HEALTHCARE SYSTEMS, INC.**

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following Articles of Amendments to its Articles of Incorporation:

**FIRST:** Article 6 of the Articles of Incorporation will state Director(s) as:

Jean-Mario Pierre

whose addresses shall be the same as the principal address of the Corporation.

**SECOND:** Article 7 will state as follows:

President: Valerie Pierre  
Vice-President: Dhaina Pierre and Dale Fahie, D.O.  
Secretary: Valerie Pierre  
Treasurer: Dhaina Pierre

whose addresses shall be the same as the principal address of the Corporation.



**THIRD:** The date of the adoption of this amendment is the 4 February 1997.

**FOURTH:** The amendment was adopted by the Board of Directors. No Shareholder action was required for adoption.

**FIFTH:** This amendment shall be effective upon the filing with the Secretary of State of Florida.

Signed this 4 February 1997.

  
\_\_\_\_\_  
Valerie Pierre, Chairman of the Board of  
Directors

ARTAMEND.PRES



343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900  
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33114-4479  
<http://www.amerilawyer.com>

P96000002426

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 6, 1997

ARKANS-YALE HEALTHCARE SYSTEM INC.  
230 WASHINGTON AVENUE  
HOMESTEAD, FL 33030

SUBJECT: ARKANS-YALE HEALTHCARE SYSTEM INC.  
Ref. Number: P96000002426

Debit Memo #: 80396-A

This is to inform you that check #604 in the amount of \$165.00 submitted with the annual report for ARKANS-YALE HEALTHCARE SYSTEM INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after October 6, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 797A00040024